

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

JUAN HIDALGO

09478-280

(Enter above the full name of the plaintiff  
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

**VERSUS**

CIVIL ACTION NO. 5:11-0153  
(Number to be assigned by Court)

FBOP;

T. C. OUTLAW, WARDEN;

JASON A. SICKLER, REGIONAL

COUNSEL

(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No X

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: N/A

\_\_\_\_\_

\_\_\_\_\_

Defendants: N/A

\_\_\_\_\_

\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county); N/A

\_\_\_\_\_

\_\_\_\_\_

3. Docket Number: N/A

4. Name of judge to whom case was assigned:

N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) N/A

\_\_\_\_\_

\_\_\_\_\_

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: FCI BECKLEY

A. Is there a prisoner grievance procedure in this institution?

Yes X No       

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes X No       

C. If you answer is YES:

1. What steps did you take? EXHAUSTED ADMINISTRATIVE

RESOLUTION COMPLETELY BPs: 8, 9, 10, 11

2. What was the result? NO RESOLVE OR RELIEF GIVEN

D. If your answer is NO, explain why not: N/A

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: JUAN HIDALGO [09478-280]

Address: FCI BECKLEY P.O. BOX 350 BEAVER [25813]

B. Additional Plaintiff(s) and Address(es): NONE

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: T. C. OUTLAW  
is employed as: WARDEN  
at FBI FORREST CITY

D. Additional defendants: FEDERAL BOP; AND JASON A. SICKLER  
Regional Counsel @ BOP CENTRAL OFFICE

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I WAS ATTACKED AT SUCH FBI FORREST CITY, IN THE  
RECREATION YARD; I INFORMED medical staff to contact  
the unit officer and have such officer be sure  
my locker isn't Broken INTO... I was told my locker  
and belonging were secured; Thereafter, when I  
inventory'd my property majority of my property was  
missing, I attempted to get relief and reimbursement  
under the Administrative Remedy Act for loss personal

**IV. Statement of Claim (continued):**

Property totaling 271.85. I provided purchase receipts; And made tort claim under no: TRT-SCF-2010-00567. monetary compensation has been denied. I am indigent-insolvent and can not afford to replace these personal item.

**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

That I be rewarded monetary compensation for the stolen or loss property in the full amount of \$271.85.

**V. Relief (continued)):**

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**VII. Counsel**

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes \_\_\_\_\_

No X

If so, state the name(s) and address(es) of each lawyer contacted:

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If not, state your reasons: I am insolvent.

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- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes \_\_\_\_\_

No X

If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this \_\_\_\_\_ day of February, 20 11.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on X \_\_\_\_\_  
(Date)

X \_\_\_\_\_  
Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)

**INSTRUCTIONS FOR FILING A COMPLAINT BY A  
PRISONER UNDER CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

**NOTICE:** The law has changed! The Prisoners Litigation Reform Act requires prisoners to exhaust available administrative remedies before filing a suit with respect to the conditions of confinement or the effects of action by government officials on the lives of persons confined in prison. In addition, the Act requires a prisoner to pay a **\$350.00 filing fee**, although the fee may be paid in installments.

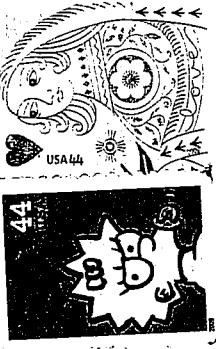
**These forms are not to be used for filing a Petition for Writ or Habeas Corpus, or to challenge the validity of a state conviction for a criminal offense.**

Enclosed are four copies of a Complaint form with one Application to Proceed In Forma Pauperis and Affidavit, an Explanation of Filing Fees and Proceeding In Forma Pauperis, an Authorization to Release Institutional Account Information and To Pay Filing Fee, and three U. S. Marshal Process and Receipt Forms.

1. Your Complaint can be brought in this Court only if one or more of the named defendants are located within the Southern District of West Virginia (counties south of and including Wood, Wirt, Roane, Clay, Nicholas and Greenbrier), or if your claim arose in this District. Further, you must file a separate complaint for each claim that you have unless they are all related to the same incident or issue.
2. You must file an original complaint plus one copy of the complaint for each defendant you name. Use 8-1/2 X 11 inch paper. For example, if you name two defendants, you must file the original and two copies of the complaint. You should also keep an additional copy of the complaint for your own records. All copies of the complaint must be identical to the original. The original complaint must bear an original signature from each plaintiff. Your complaint must be legibly written or typewritten and you are required to give facts. **THE COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.** The plaintiff or plaintiffs must include his/her inmate registration number. If you need additional space to answer a question, you may use the reverse side of the form or an additional blank page.
3. If you have **\$350.00**, send a check or money order for **\$350.00** per complaint payable to "Clerk, U. S. District Court". If you are unable to pay the **\$350.00** filing fee, complete and sign an Application to Proceed in Forma Pauperis and Affidavit for each plaintiff (see Explanation of Filing Fees and Proceeding In Forma Pauperis).
4. Complete and sign one U. S. Marshal Process and Receipt Form for each defendant named in the complaint.
5. When all these forms are completed, mail them to: 

Clerk, United States District Court  
110 North Heber Street, Room 119  
Beckley, WV 25801
6. Documents certified as true under penalty of perjury do not need to be notarized.  
See 28 U.S.C. § 1746.





Juan Jose Hidalgo # 09478-280  
Federal Correctional Institution Beckley  
P.O. Box 350  
Beaver W. V 25813

⇔ 09478-280 ⇔  
Clerk Us Dist Court  
Room 119 110 North Herber ST  
Beckley, WV - 25801  
United States